

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Robert Edward Lee

430 E. Warren Ave Apt #107
Detroit, MI 48201
Plaintiff(s),

Case: 2:14-cv-11722

Judge: Leitman, Matthew F.

MJ: Whalen, R. Steven

Filed: 04-30-2014 At 12:53 PM

CMP LEE V. SAI LI M.D. (DA)

v. Sai Li, MD
CENTER FOR FORENSIC Psychiatry
P.O. BOX 2060
ANN ARBOR, MI 48106
Defendant(s).

COMPLAINT

- I. Defendant(s). Print the full name for each defendant. If there are more defendants, use additional pages to provide their names.

Name of Defendant(s)

1. Sai Li, M.D. staff Psychiatrist unit south-1
2. _____
3. _____
4. _____
5. _____

- II. Statement of claim. Briefly state the facts of your case. Describe how each defendant is involved, and exactly what each defendant did, or failed to do. Include names of any other persons involved, dates, and places. You may use additional paper if necessary.

Here comes Robert E. Lee. I am alleging that my treating psychiatrist, Sai Li, MD, staff Psychiatrist unit south-1, said to me, "I don't like your kind," and he

Forced me to take medication that CAUSED IMPOTANCE
 (Unit Discharged) the complaint has been ASSIGNED FOR
 INVESTIGATION. This happen AT Center FOR FORENSIC
 Psychiatry 8303 Platterd Saline, MI 48176 "Medical Record
 STATE 7/19/12 Li CEP / no. 87820 PAGE 3 Ref #11 Psychiatr.
 Discharge Summary (continued) VIII Medications ON Discharge
 1.) ZYPREXA Zydis 5mg once in the Morning 2) Zyprexa
 Zydre 20ma once at Bedtime IX Treatment Medication
 Recommendations Mr Lee was discharged to the custody
 OF the Wayne County Sheriff Department (STATEMENT OF
 Doctor.)

III. Relief. Briefly state exactly what you want the court to do for you.

EXHIBITS A1, A2, A3, B1, B2, C1, C2

IV. Additional Information. – Briefly enter any additional information, you may use additional paper.

I am providing continue Damages that responded from these harm against me Mr Lee, was continual on medication that was the same as Zyprox Zypre, and it was Risperdal me at Bedtime from 10100 HARPER AVE. (Operation Get Down) Detroit MI, 48213, and

V. Demand for Jury Trial. Check this box if you want your case to be decided by a jury, instead of a judge.

☒ Plaintiff demands a jury trial on all issues.

Dated: 04/28/2014

Robert E. Lee
Plaintiff's Signature

Robert E. Lee
Plaintiff's Printed Name

430 E. Warren Ave #10
Street Address

Detroit MI, 48201
City, State, Zip Code

(313) 285-8855 (313) 704-486
Telephone Number

rlcedt@aol.com
E-mail Address

LeeCrossLover@yahoo.co

Claim

SHOWING THAT CAN THESE PLEADS BE ENTITLED
to relief:

I'm asking this Honorable Court of the
United States to Require this matter?
The claims our ATTENTIONAL In the Face
OF POSSIBLE contradiction, I WAS CHEATED
OUT OF AN ASSOCIATION. BECOMING NEUTERED
AND WITH A SEXLESS relationship AND Doctor
Sai Li, should take responsibility For the
ATTACK, THIS IS CLAIMED AS TRUE.

Relief

Mr Lee, Myself is demanding a relief sought with the help of this Honorable Court. BECAUSE the Vaccine / Zydrex & Zydix WAS able to overcome bodily defense mechanisms by a rapid severe and destructive course Full of malice AND AFTER TRIAL OR TEST THE New drug Proved Effective WHICH IS The burden of proof of the ASSERTION OR CHARGE.

And I believe this Court has Jurisdiction or provide a reason or justification for my fears of being neutered, AND WITH A sexless relationship.

THE harm SHOULD BE REWARDED FROM Physical or Mental damages AND INJURY, Monetary relief.

Relief can't

This court has grounds FOR JURISDICTION
HIS STATEMENT SAI, L, MD "I DON'T like your
KIND" Full of Malice. I WANT TO STAY
AND THE REA PARTY IN INTEREST THE DEFENDANT
SUED IN HIS FULL CAPACITY; AND IN HIS
OFFICAL CAPACITY. BECAUSE THIS claim
OF DAMAGES IS MORE THAN \$75,000 (DIVERSITY
\$600,000.00

MIED (Rev.5/13) General Civil Complaint

IV. Additional Information. – Briefly enter any additional information, you may use additional paper.

V. Demand for Jury Trial. Check this box if you want your case to be decided by a jury, instead of a judge.

☒ Plaintiff demands a jury trial on all issues.

Dated:

04/28/2014Robert E Lee
Plaintiff's SignatureRobert E Lee
Plaintiff's Printed Name430 E. WARREN AVE APT #10
Street AddressDetroit, MI, 48201
City, State, Zip Code(313) 704-4868 (313) 285088
Telephone NumberHeedt@aol.com
E-mail Address

CENTER FOR FORENSIC PSYCHIATRY

Name LEE, Robert E.

CFP NO. 87820

Date

(Document A1)

S. Li
11/7/11

PSYCHIATRIC ADMISSION SUMMARY(continued)

backwards. He is able to do simple calculations. He is able to abstract objects into categories but not abstract concepts like poem and statue. He interprets correctly the greener grass proverb well, but not for "every cloud has a silver lining."

VIII. Admission Physical Summary

The physical exam will be completed by the Medical Doctor on the Unit. The admission labs have been ordered and results are still pending. Mr. Lee agreed to the HIV test and the flu shot.

IX. Admitting Psychiatric Diagnosis

- Axis I:** Paranoid Schizophrenia; R/O Schizoaffective Disorder; Bipolar Type; Polysubstance Abuse in Remission by history
Axis II: Deferred
Axis III: Tendonitis
Axis IV: Moderate-Severe
Axis V: GAF: 36

Summary and Impressions

Mr. Lee is a 60-year-old African-American man who presents for his fourth admission to CFP after being adjudicated IST on one count of Assault with Intent to Do Great Bodily Harm less than Murder and one count of Felonious Assault. On exam, Mr. Lee was mildly pressured, distractible, perseverative, paranoid, and grandiose. His mental status at the time makes it difficult to assess his court-related knowledge, which continues to be the major impediment towards his competency.

Mr. Lee has a long-standing history of a primary psychotic disorder. Per collateral information, he has only been on conventional anti-psychotics and a major challenge is his reluctance to take medications. He refused to take Zyprexa after I told him of the indications and side effects for it, focusing on me giving his diabetes. He will likely need a depot route to ensure compliance, and a sublingual formulation to start with. The other concern is to rule out a schizoaffective bipolar disorder which may require an additional mood stabilizer. For the time being, I agreed to Mr. Lee's request not to start medications

(A2)

Addressograph		
Name	Lee, Robert E.	
CFP #	87820	November
AD	11-7-11	Wayne
M/B	DOB	06-08-1951
South 1	IST	

IPOS: Problem Goals, Objectives and Interventions

Date: November 10, 2011

Problem Number: 2 – Incompetent to Stand Trial

Problem Description: Mr. Lee continues to have difficulties with understanding the proceedings against him as well as difficulties in conceptualizing his case and how to defend himself in court. He continues to have psychotic symptoms which is a major impediment towards his incompetent to stand trial status.

Long-term goal: Mr. Lee will express an understanding of the nature and object of the proceedings against him and demonstrate the ability to work with his attorney in a reasonable manner.

Target Date: November 2012

Short-term goals/objectives:

1. Mr. Lee will discuss a logical account of his behavior leading to the charges during individual/group therapy over the next 90 days.

Target Date: Feb. 2012

Status: Active

2. Mr. Lee will describe the evidence against him based on the police report through individual/group therapy over the next 90 days.

Target Date: Feb. 2012

Status: Active

Treatment Interventions

Psychiatry:

- Psychiatrist will meet with Mr. Lee for 30 minutes once per week to evaluate any changes in his mental condition which may indicate the need for special precaution,
- To evaluate, monitor and prescribe medications to address mental conditions which interferes with competency.

– Sai Li, MD

Social Work: Chief Clinician will meet with Mr. Lee for up to 30 minutes per week (to include problem #1):

- To provide education regarding the issues related to his charges and courtroom procedures;
- To evaluate Mr. Lee with regard to his understanding of courtroom procedures;
- To evaluate Mr. Lee with regard to his understanding of the nature and object of the proceedings against him.

– Brian Ackerson, LMSW, DCSW

IPOS: Team Assessment and Participation

Date: November 10, 2011

LEE, Robert E.
CFP # 87820

(A3)

Axis III: Tendonitis;

Axis IV: Severe (legal charges)

Axis V: GAF = 36

Summarize progress by problem number since last review: The IPOS has been formulated using measurable goals and specific interventions. Mr. Lee's new plan will be reviewed for progress in 30 days.

Progress towards discharge: Mr. Lee is here on an IST order. He was a recent admit and has not been recommended competent at this time.

Services Needed Upon Discharge: Mr. Robert E. Lee will need to continue psychiatric services including taking psychotropic medications, case management, individual-group therapy, consumer run program (drop in center) and support group. Recommended attendance at AA/NA group as he used in the past (he reports 32/33 year abstinence). Placement assistance may be needed when he returns to the community.

CENTER FOR FORENSIC PSYCHIATRY

Name LEE, Robert E.

CFP NO. 87820

Date

PSYCHIATRIC DISCHARGE SUMMARY(continued)

7/19/12

Li

VIII. Medications on Discharge

- 1.) Zyprexa Zydis 5mg once in the morning
- 2.) Zyprexa Zydis 20mg once at bedtime

IX. Treatment & Medication Recommendations

Mr. Lee was discharged to the custody of the Wayne County Sheriff Department. It was recommended that he continue to take his medications in order to maintain stability.



Sai Li, M.D.
Staff Psychiatrist
Unit South-1

(B1)

Holden, Carol (DCH)

From: Holden, Carol (DCH)
Sent: Monday, January 27, 2014 11:08 AM
To: Currington, Karen (DCH); White, Paul (DCH)
Cc: Holden, Carol (DCH)
Subject: complaint from former patient

Good morning,

I received a telephone call this morning from Robert Lee, CFP # 87820, who was most recently here from 11/7/2011 – 7/19/2012. Mr. Lee indicated that Dr. Sai Li had “forced” him to take Zyprexa, by telling him that he would “impose” medication if Mr. Lee refused to take it voluntarily; consequently, Mr. Lee said, he took Zyprexa even though he did not want to. Mr. Lee said that Dr. Li did inform him of some of Zyprexa’s side effects, including diabetes, and that he (Mr. Lee) was aware of others, including impotence, which is why he did not want to take Zyprexa. Indeed, according to Mr. Lee, Zyprexa made him into a “eunuch.” It was Mr. Lee’s impression that Dr. Li made his decision to use Zyprexa based on “animosity” he (Dr. Li) had toward him (Mr. Lee): according to Mr. Lee, Dr. Li told him that “he didn’t like my kind and what I did” (stabbing an Arab-American).

Mr. Lee indicated that he now has ongoing erectile dysfunction, which has responded only to Cialis, which he cannot afford. He attributes his ED to Zyprexa (which he is no longer on), and he wanted to complain about Dr. Li’s choice of this medication, which, again, he thought was motivated by animosity.

I told him that I would forward his complaint to ORR and that he could expect to hear from someone. His telephone number is 313-704-4868.

C.

(B2)



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

COMPLAINT ACKNOWLEDGMENT

February 20, 2014

Service Request # 1-52331121
Allegation # 1-52331195

Dear: ROBERT LEE Unit: **Discharged**

Your complaint received on 2/17/2014 alleging that your treating psychiatrist said to you, "I don't like your kind", has been reviewed by this office. In addition, The Rights Office will look into your allegation that you were forced to take medication that caused impotence.

The following action has been taken:

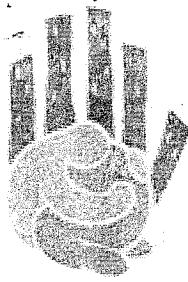
Your complaint has been assigned for investigation. A Rights Advisor will be contacting you soon. Under most circumstances, the investigation will be completed within 90 days and a report of findings sent to the Hospital/Director. Once the report is completed, you have the right to request mediation to resolve the dispute. The Hospital Director will send you a Summary Report and information on the Recipient Rights Appeal Process within 10 days of receiving the report.

Sincerely,

Paul D. White, Rights Advisor
CENTER FOR FORENSIC PSYCHIATRY
8303 PLATT RD
SALINE, MI, 48176

NOTE: In addition to this office, there are advocacy organizations available to provide you consultation and assistance in the complaint process. If you would like further information in this regard, please contact me at 1(888)509-6006.

Attachment: Copy of complaint
cc: Hospital/Center Director



DETROIT
CENTRAL CITY
COMMUNITY
MENTAL HEALTH, INC.

10 Peterboro
Detroit, Michigan 48201-2722

Ph: (313) 831-3160
Administration Fax: (313) 831-2604
Medical Records Fax: (313) 831-8783

www.dcccmh.org

Irva Faber-Bermudez, APRN, BC
President & Chief Executive Officer

November 19, 2013

ROBERT LEE
OASIS Transitional
13220 Woodward Ave.
Highland Park, MI 48203

Dear ROBERT LEE:

To Whom It May Concern;

Mr. Robert was followed in this clinic from 1/17/13 until 7/2/13 for a diagnosis of Schizoaffective Disorder. During this time he was treated with psychotropic medications including Zyprexa which he received from 1/17/13 until he reported difficulties with erectile dysfunction on 2/14/13. The Zyprexa was stopped on 2/14/13 due to known possible side effect of erectile dysfunction from Zyprexa as reported by the FDA.

Sincerely

Jacqueline M. Stoll, NP
Psychiatrist / PA / NP
313-831-3160



(C2)

2727 Second Ave
Suite 300
Detroit, MI 48201Phone: 3135786121
Fax: 3139630103Jacqueline Stoll
NPI# 1770735136

Date 03/14/2013

Name ROBERT LEE
Phone (313) 921-9422

DOB 06/08/1951

Age 61

Address 10100 HARPER AVE, OPEATION GET DOWN, DETROIT, MI, 48213

Script #	Medication	Quantity	Refill
291111	Risperdal 2mg Tablet	**30**	zero
Take 1 by mouth Daily at bedtime for 30 days		(thirty)	

1-800-204-2461

There is one prescription on this page.

Signature

Jacqueline Stoll

CIVIL COVER SHEET

County in which action arose _____

Cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Robert E. Lee
430 E. Warren Ave #107
Detroit, MI 48201
 (b) County of Residence of First Listed Plaintiff *Wayne*
 (EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

Sai Li MD
center for Forensic Psychiatry

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

Case: 2:14-cv-11722

Judge: Leitman, Matthew F.

MJ: Whalen, R. Steven

Filed: 04-30-2014 At 12:53 PM

CMP LEE V. SAI LI M.D. (DA)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP

(For Diversity Cases Only)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from Another District (specify)
☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless directed):

Brief description of cause:

Product Claim - Plaintiff's medication caused side effects. Plaintiff's doctor said: 'I don't like your kind, and force me to take it'.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint.

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

04/30/2014

SIGNATURE OF ATTORNEY OF RECORD

Robert E. Lee

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

ANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes
☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes
☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets.
<input checked="" type="checkbox"/>	<p>Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.</p> <p style="font-size: 1.2em;"># of Defendants: <u>1</u> + 2 = <u>3</u> Total Complaints.</p> <p>Received by Clerk: _____ Addresses are complete: _____</p>

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<input type="checkbox"/>	<p>If any of your defendants are government agencies: Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.</p>
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If Paying The Filing Fee

<input type="checkbox"/>	<p>Current new civil action filing fee is attached.</p> <p>Fees may be paid by check or money order made out to: <i>Clerk, U.S. District Court</i></p> <p>Received by Clerk: _____ Receipt #: _____</p>
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If Asking That The Filing Fee Be Waived

<input checked="" type="checkbox"/>	<p>Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.</p> <p>Received by Clerk: _____</p>
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Select the Method of Service you will employ to notify your defendants:

Service via Summons by Self

<input checked="" type="checkbox"/>	<p>Two (2) completed summonses for each defendant including each defendant's name and address.</p> <p>Received by Clerk: _____</p>
-------------------------------------	--

Service by U.S. Marshal (Only available if fee is waived)

<input type="checkbox"/>	<p>Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.</p>
<input type="checkbox"/>	<p>Two (2) completed Request for Service by U.S. Marshal form.</p> <p>Received by Clerk: _____</p>

Service via Waiver of Summons (U.S. Marshal cannot be used for defendant)

<input checked="" type="checkbox"/>	<p>You need not submit any forms regarding the Waiver of Summons to the Clerk.</p> <p>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been <u>granted</u>, you will need:</p> <ul style="list-style-type: none"> One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. Two (2) Waiver of the Service of Summons forms per defendant. <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>
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Clerk's Office Use Only

Note any deficiencies here: